

		OMA PROGRAMS IC YEAR 2019-2020	0		ATLANTIC SCHOOL  of THEOLOGY
Last Name		First Name		Diploma Program	
Email				If you are a returning stude is this the same email addr you provided in 2018-2019	ress Tes LI No
Street Address				Apt. Number	
City	Province/	State Postal Code		Country	
Unit Registrati	on for 2019-202	0			
Term	Course Title			Instructor	
Geep a copy of yo	our Unit Indicator F	orm for your persona	I records and	future reference.	
o update your concademic@asthe	ontact information <u>a</u> ology.ns.ca.	<u>after</u> registration, con	tact the Acade	emic Office @	
Submit your Unit Academic Office   Atlantic School of	Indicator Form (PD by email at academ Theology, 660 Fra	F) and Personal Reg nic@astheology.ns.ca ncklyn Street, Halifax	jistration Form a or by paper l x, NS B3H 3B	n (PDF) in <u>one</u> email/p by regular mail to Acad 5 or by fax at 902-492	ackage to the demic Office, -4048.
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Last Name		First Name		Diploma Program	
Diploma units a	re \$465. Please inc	Atlantic School of The licate which Term you please complete the	u are paying for	or: Fall Win	ter

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